REINSTATEMENT FORM FOR NON-RESIDENT BUSINESS ENTITY

Date:	License Number:		FEIN #:	
Name:				
Signature of Officer of the	Firm:			
PLEASE REINSTATE NINFORMATION.	MY FIRM'S LICENSE.	BELOW	IS THE CURRENT A	DDRESS
DESIGNATED PRODU	CER			
LIC #	(name of producer)			
(Idaho license #)				
Business Name:				
Business Address: (Please include suite number if applicable)				
Business Phone #		Ext.	Toll Free #	
Fax Number:				
E-Mail Address				_
Contact Name				
Mailing Address: (If different from Business address)				

PLEASE COMPLETE THE ENTIRE FORM EVEN IF ADDRESS HAS NOT CHANGED IN ALL AREAS

Please attach a check or money order in the amount of \$160, made payable to: **IDAHO DEPARTMENT OF INSURANCE**. Please attach registration form to re-register the designated producer. Mail to address below. Please contact us if you have any questions, 208-334-4250. **NOTE**: You may not reinstate after 1 year from your license expiration date. You must reapply.

Mail to: Idaho Department of Insurance

700 W State St Fl 3 PO Box 83720 Boise ID 83720-0043

Questions? Please contact us.

www.doi.idaho.gov